

State of California
The Resources Agency
DEPARTMENT OF FISH AND GAME
FISHING CONTEST REPORT ¹

NAME OF PERMITTEE: _____

SPONSOR (Optional): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ TELEPHONE: _____

PERMIT NUMBER: _____ - _____ - _____ NAME OF WATER: _____

CONTEST TYPE (check one): Derby ☐ Tagged Fish ☐ Team Tournament ☐ Draw Tournament ☐ Other ☐

SPONSOR'S BAG LIMIT (if different from State angling regulations): Per individual _____ fish; per team _____ fish.

CONTEST RESULTS: DATE: _____ DATE: _____ DATE: _____

NUMBER OF INDIVIDUALS: _____ _____ _____

CONTEST DURATION (HOURS): _____ _____ _____

TOTAL FISH ENTERED BY SPECIES	<u>ALIVE</u>	<u>DEAD</u>	<u>ALIVE</u>	<u>DEAD</u>	<u>ALIVE</u>	<u>DEAD</u>
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1. _____	_____	_____	_____	_____	_____	_____
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2. _____	_____	_____	_____	_____	_____	_____
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3. _____	_____	_____	_____	_____	_____	_____
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4. _____	_____	_____	_____	_____	_____	_____
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5. _____	_____	_____	_____	_____	_____	_____
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6. _____	_____	_____	_____	_____	_____	_____
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TOTAL FISH ENTERED:	_____	_____	_____	_____	_____	_____
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TOTAL WEIGHT OF FISH:	_____	_____	_____	_____	_____	_____
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LARGEST FISH & SPECIES:	_____	_____	_____	_____	_____	_____
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COMMENTS: _____

¹ Mail completed report to issuing region within 30 days of completion of each contest; failure to do so can result in cancellation of current permits and denial for issuance of future permits.